Statement of Organization Recipient Committee					STATEMENT OF ORGANIZATION				
		Type or print in ink		Date	Stamp	CALIF			
Statement Type	☐ Initial Not yet qualified ☐ or	Amendment List I.D. number: # 155426		rmination – See Part 5 . number:			FORM 4 I U		
		#_133420	#	The state of the s					
	Date qualified as committee	Date qualified as committee (If applicable)	Dat	te of Termination					
1. Committee	Information	Accomplished		2. Treasurer and C	Other Princip	oal Offic	ers	Charles and the contract of th	
NAME OF COMMIT	TEE		-	NAME OF TREASURER					
Committee to Elect John Smith (Reopened)			Betty Smith						
		·		STREET ADDRESS					
		·		133 Gold Avenue					
STREET ADDRESS (NO PO. BOX)			CITY		STATE	ZIP CODE	AREA CODE/PHONE		
133 Gold Ave	nue			Sacramento		CA	95814	(916) 555-5555	
CITY	STA	TE ZIP CODE AREA COL	DE/PHONE	NAME OF ASSISTANT TREA	SURER, IF ANY	· · · · · · · · · · · · · · · · · · ·			
Sacramento	CA	95814 (916) 555	5-5555						
MAILING ADDRES				STR ET ADDRE					
	,							•	
OPTIONAL: FAX	/ E-MAIL ADDRESS			CITY		STATE	ZIP CODE	AREA CODE/PHONE	
01 110111121 1701	, _ , , , , , , , , , , , , , , , , , ,			NAME AND DOCUTION OF					
				NAME AND POSITION OF	OTHER PRINCIPAL C	rficer(s), i	FAPPLICABLE		
COUNTY OF DOM	ICILE COUNTY W	HERE COMMITTEE IS ACTIVE IF DIFFE NTY OF DOMICILE	ERENT	MAILING ADDRESS					
				MAILING ADDRESS					
-				CITY		STATE	ZIP CODE	AREA CODE/PHONE	
Attach additiona	I information on appropriately labe	led continuation sheets.				•	<u></u>		
	reasonable diligence in prepa	ring this statement and to the be nia that the foregoing is true and		owledge the information co	ontained herein is	s true and o	complete. I cei	tify under penalty of	
Executed on		Rv							
<u></u>	DATE			SIGNATURE	OF TREASURER OR A	SSISTANT TRE	ASURER		
Executed on	5/7/04	By							
	DATE			SIGNATURE OF CONTROLLING	OFFICEHOLDER, CAN	DIDATE, OR ST	ATE MEASURE PROF	PONENT	
Executed on	DATE	Ву _		SIGNATURE OF CONTROLLIN	O OSSICEHOLDER OF	IDIDATE OF ST	TATE MEAGURE BOO	PONENT	
_	DAIL			SIGNAURE OF CONTROLLIN	G OFFICEHOLDER, CAN	IDIDA E, UK S	IAIC MEASURE PRO	TUNENT	
Executed on	DATE	By _		SIGNATURE OF CONTROLLING	OFFICEHOLDER CAN	DIDATE OF S	ATE MEASURE PRO	PONENT	
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